

Mississippi Petroleum Tax Registration Application Common or Contract Carrier

Return to:
State Tax Commission
Petroleum Tax Bureau
P. O. Box 1033
Jackson, MS 39215

Applicant must complete all spaces. Please mark N/A if not applicable.

1. Legal Name: _____

2. Business Name: _____

3. Street Address: _____

City: _____ State _____ County _____ ZIP _____

4. Mailing Address: _____

City: _____ State _____ ZIP _____

5. Phone Number: _____ Ext. _____ Fax Number _____

6. Federal I. D. Number: _____ Social Security Number _____

7. E-Mail Address _____

8. Please indicate the type of activity by checking the appropriate box(es):

Common Carrier

Contract Carrier

8. Is this a new business? Yes No If not, who was the previous operator? _____

What was the business _____

9. Type of Ownership: Corporation Partnership - Sole Proprietor Other: _____

10. If Corporation or Partnership, list names of officers, directors, managing partners, or members who have any responsibility for fiscal management of the organization. (If space provided is insufficient, please attach schedule.)

Name	Address	Social Security Number	Title	% Owned

11. Corporation organized under the laws of State of _____ Year _____

12. Date admitted or authorized to do business in Mississippi. _____

13. U S DOT Number _____ IFTA Base State _____ IRP Base State _____

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14. Electronic Filing of Tax Returns by Petroleum Products Carriers

Please select the filing option for Petroleum Products Carriers Reports . Completing the returns on-line (Web Direct) or by Electronic Data Interchange (EDI)

Electronic Data Interchange (EDI) filing formats. Please select one. ANSI X-12 813 Version 4030 ASCII Flat File

Electronic Filing Authorizations:

Name	E-Mail Address	Create Report	File Report
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the above statements are true and correct to the best of my knowledge and belief. As indicated on this completed form, I hereby apply for the appropriate permit(s) to engage in business. I agree to pay any and all taxes due the State of Mississippi and to comply fully in all respects with the applicable Mississippi Tax Laws and any corresponding rules and regulations.

Print or type name of person signing application

Title

Date

Applicant's Signature